

**EMORY UNIVERSITY
REQUEST FOR DEFERMENT OF REPAYMENT**

INSTRUCTIONS AND ELIGIBILITY CONDITIONS LISTED ON BACK OF FORM --PLEASE PRINT IN INK OR TYPE -- DO NOT SEPARATE FORM
PART I - GENERAL INFORMATION (To be completed by borrower) * * * Your account number ensures proper handling of the form * * *

Borrower is responsible to advise Emory of permanent mailing address	ACCOUNT NUMBER(S)	
NAME OF BORROWER	SOCIAL SECURITY NUMBER	
STREET ADDRESS		
CITY, STATE, ZIP	NAME OF LENDING INSTITUTION Emory University	DATE LEFT / /
PHONE NUMBER Area Code ()	<input type="checkbox"/> New Address	
Deferment is requested from _____ to _____. DO NOT have form certified before status begins. All forms must be completed at least annually. Student deferment may not be requested beyond the current school year. Check the type of deferment requested. Mark only ONE Box. (Refer to reverse side for deferment benefit chart.)		
<input type="checkbox"/> ENROLLED AS AT LEAST A HALF-TIME REGULAR STUDENT IN AN INSTITUTION OF HIGHER EDUCATION (Private loans may defer principal only)	<input type="checkbox"/> FULL TIME VOLUNTEER IN A TAX EXEMPT ORGANIZATION (Volunteer under Domestic Volunteer Service Act of 1973)	
<input type="checkbox"/> PURSUING A COURSE OF STUDY IN A GRADUATE FELLOWSHIP TRAINING PROGRAM	<input type="checkbox"/> OFFICER IN COMMISSIONED CORPS OF U.S. PUBLIC HEALTH SERVICE	
<input type="checkbox"/> PURSUING A COURSE OF STUDY IN A REHABILITATION TRAINING PROGRAM FOR DISABLED INDIVIDUALS	<input type="checkbox"/> ON ACTIVE DUTY IN NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION CORPS	
<input type="checkbox"/> SERVING AN ELIGIBLE INTERNSHIP OR RESIDENCY (non-medical interns must include details on program)	<input type="checkbox"/> in peace corps volunteer service	
<input type="checkbox"/> MEMBER OF U.S. ARMED FORCES ON FULL TIME ACTIVE DUTY	<input type="checkbox"/> TEMPORARILY TOTALLY DISABLED OR CARING FOR A DISABLED DEPENDENT (Include Physician's affidavit describing condition and its expected duration)	
<input type="checkbox"/> MOTHER RE-ENTERING WORKFORCE (Mother or pre-school-age children who is re/entering workforce and whose compensation is not more than \$1.00 above minimum wage)		
I claim exemption from payment of principal and accrual of interest on my NDSL/Perkins loans during the period indicated above. I agree to notify the lending institution immediately if my status changes during this period.		

Signature of Borrower	Date
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PART II -- CERTIFICATION (To be completed by appropriate official)

I CERTIFY THAT THE INFORMATION STATED IN PART I ABOVE IS TRUE AND CORRECT; THE PERSON NAMED ABOVE IS (WAS):		
<input type="checkbox"/> ENROLLED AS AT LEAST A HALF-TIME REGULAR STUDENT	<input type="checkbox"/> A VOLUNTEER UNDER THE DVS ACT OF 1973	
<input type="checkbox"/> PURSUING A COURSE OF STUDY IN A GRADUATE FELLOWSHIP TRAINING PROGRAM	<input type="checkbox"/> OFFICER IN THE U.S. PUBLIC HEALTH SERVICE	
<input type="checkbox"/> PURSUING A COURSE OF STUDY IN A REHABILITATION TRAINING PROGRAM FOR DISABLED INDIVIDUALS	<input type="checkbox"/> IN PEACE CORPS VOLUNTEER SERVICE	
<input type="checkbox"/> SERVING AN ELIGIBLE INTERNSHIP OR RESIDENCY	<input type="checkbox"/> MOTHER RE/ENTERING WORKFORCE WHOSE COMPENSATION IS LESS THAN \$1.00 ABOVE MINIMUM WAGE	
<input type="checkbox"/> MEMBER OF U.S. ARMED FORCES ON FULL TIME ACTIVE DUTY	<input type="checkbox"/> ON ACTIVE DUTY IN NOACC	
SPECIFIC DATES: _____		
SIGNATURE (e.g. REGISTRAR, COMMANDING OFFICER, PEACE CORPS OFFICIAL, ETC.)	OPE CODE (OFFICE OF POST-SECONDARY EDUCATION)	DATE
NAME OF INSTITUTION OR ORGANIZATION	OFFICIAL SEAL OR STAMP OF SCHOOL/ORGANIZATION (If none, see instructions on back.)	
ADDRESS (CITY, STATE AND ZIP CODE)	PHONE	

PART III -- EMORY UNIVERSITY'S USE ONLY

FORM PROCESSED BY:	<u>MONTH/YEAR</u>	<u>NO MO CODE.</u>	<u>PAST DUE</u>	<u>AMOUNT</u>
	<u>DEFER</u>		<u>PRINCIPAL</u>	<u>INTEREST</u>
DATE _____	<u>DEFER</u>			<u>LATE CHG</u>
	<u>GRACE ENDS</u>			<u>TOTAL DUE</u>
	<u>LETTER</u>			

PART IV -- LENDING INSTITUTION ACTION

SIGNATURE OF APPROVING OFFICIAL	TITLE	DATE
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You are eligible for deferment of repayment under the conditions listed below. During periods of deferment, principal is not due and interest does not accrue. It is your responsibility to submit forms on time; failure to do so will result in continued billings. If you have loans from more than one lending institution, you must submit separate original forms for each school. All forms must be submitted at least annually. Student deferments should be filed each semester.

FEDERAL PERKINS LOAN DEFERMENT PROVISIONS

DEFERMENT CONDITION	All Loans Disbursed on or after 7/1/93	Federal Perkins Disbursed on or after 7/1/87 but before 7/1/93	National Direct Disbursed on or after 10/1/80 but before 7/1/93	National Direct Disbursed before 10/1/80	*Emory Private Loans <u>only qualify</u> for school deferment.
1. Half Time Student	Y	Y	Y	Y	Form may be required for each term
2. Rehabilitation Training	Y	N	N	N	Submit documentation of enrollment in a rehabilitation-training program.
3. Graduate Fellowship	Y	N	N	N	
4. Internship/Residency	N	2 YEARS	2 YEARS	N	Must be required to begin professional practice
5. Inability to secure full time employment	3 YEARS	N	N	N	Request special form from Emory University
6. Economic hardship	3 YEARS	N	N	N	Request special form from Emory University -- working full time but earning an amount that does not exceed the federal minimum wage, or an amount equal to 100% of the poverty line for a family or two, or your student loan debt is excessive as compared to your income as defined by Federal Regulations.
7. Peace Corps/Action Program Volunteer	Y*	3 YEARS	3 YEARS	3 YEARS	
8. Full time volunteer for tax-exempt org.	N	3 YEARS	3 YEARS	N	Include verification of full time status for at least one year and org.'s tax exempt number
9. U.S. Armed Services	Y*	3 YEARS	3 YEARS	3 YEARS	One full time active duty
10. Officer in PHS	N	3 YEARS	3 YEARS	N	Commissioned Corps of Public Health Service
11. NOAA	N	3 YEARS	N	N	National Oceanic & Atmospheric Administration Corps
12. Temporary total disability	N	3 YEARS	3 YEARS	N	Cannot be employed or attending school
13. Care of temp. totally disabled spouse	N	3 YEARS	3 YEARS	N	
14. Care of temp. totally disabled dependent	N	3 YEARS	N	N	Cannot be employed or attending school
15. Mother returning to work	N	1 YEAR	N	N	With pre-school children; wage is less than \$1.00 above minimum wage. Submit notarized statement of children's ages, date last employed, and evidence of current hourly wage (verification from employer, check stub)
16. Forbearance	Y	N	N	N	Request special form from Emory University -- If your Title IV debt burden equals or exceeds 20% of your gross income, you may be eligible for this deferment.

*Deferment is allowed only for periods in which borrower is engaged in service eligible for Federal Perkins Loan cancellation.

INSTRUCTIONS:

1. PLEASE PRINT IN INK OR TYPE.
2. Complete Part I.
3. Sign and date form.
4. Have form certified in Part II. If an official seal or stamp is not available, the appropriate official must verify your status on official letterhead stationery. Student deferment forms must be certified after classes begin.

FORMS WILL BE RETURNED IF ANY INFORMATION IS MISSING.

Mail forms to:

**EMORY UNIVERSITY
OFFICE OF THE BURSAR
STUDENT FINANCIAL SERVICES
101 BOISFEUILLET JONES CENTER
ATLANTA GA 30322-1630
TELEPHONE NUMBER 404-727-6095**